

Community Health Resources Commission

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BACKGROUND ON THE CHRC

- **The Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access for low-income Marylanders and underserved communities.**
- **Statutory responsibilities include:**
 - Increase access to primary and specialty care through community health resources
 - Promote community-hospital partnerships and emergency department diversion programs to prevent avoidable hospital utilization
 - Facilitate the adoption of health information technology
 - Promote long-term sustainability of community health resources as Maryland implements health care reform
- **The Maryland General Assembly approved legislation (Chapter 328) in 2014 to re-authorize the CHRC until 2025. This vote was unanimous.**

BACKGROUND ON THE CHRC

- **Eleven Commissioners of the CHRC are appointed by the Governor.**
- **Below is a listing of the CHRC Commissioners.**

The Hon. John A. Hurson, CHRC
Chairman, Executive Vice President, Personal Care Products Association

Allan Anderson, M.D., Vice President of Dementia Care Practice, Integrate

Elizabeth Chung, Executive Director, Asian American Center of Frederick

Maritha R. Gay, Senior Director of External Affairs at Kaiser Foundation Health Plan of the Mid-Atlantic States Region

J. Wayne Howard, Former President and CEO, Choptank Community Health System, Inc.

William Jaquis, M.D., Chief, Department of Emergency Medicine, Sinai Hospital

Surina Jordan, PhD, Zima Health, LLC. President and Senior Health Advisor

Barry Ronan, President and CEO, Western Maryland Health System

Carol Ivy Simmons, PhD, President and CEO, Simmons Health Systems Consulting

Julie Wagner, Vice President of Community Affairs, CareFirst BlueCross BlueShield

Anthony C. Wisniewski, Esq., Chairman of the Board and Chief of External and Governmental Affairs, Livanta LLC

IMPACT OF CHRC GRANTS

- **Since 2007, CHRC has awarded 169 grants totaling \$55.8 million. Most grants are for multiple years.**
- **CHRC has supported programs in all 24 jurisdictions.**
- **These programs have collectively served more than 318,000 Marylanders.**
- **The initial grant funding provided by the CHRC has enabled grantees to leverage approximately \$18.7 million in additional federal, private/non-profit, and other resources.**
 - Charles County Mobile Integrated Healthcare Project obtained \$150,000 from the Charles Regional Medical Center.

CHRC AREAS OF FOCUS

The CHRC grants have focused on the following public health priorities:



Reducing infant mortality



Integrating behavioral health



Reducing avoidable ED visits and promoting care in the community



Investing in health information technology



Expanding primary care access



Addressing childhood obesity



Increasing access to dental care

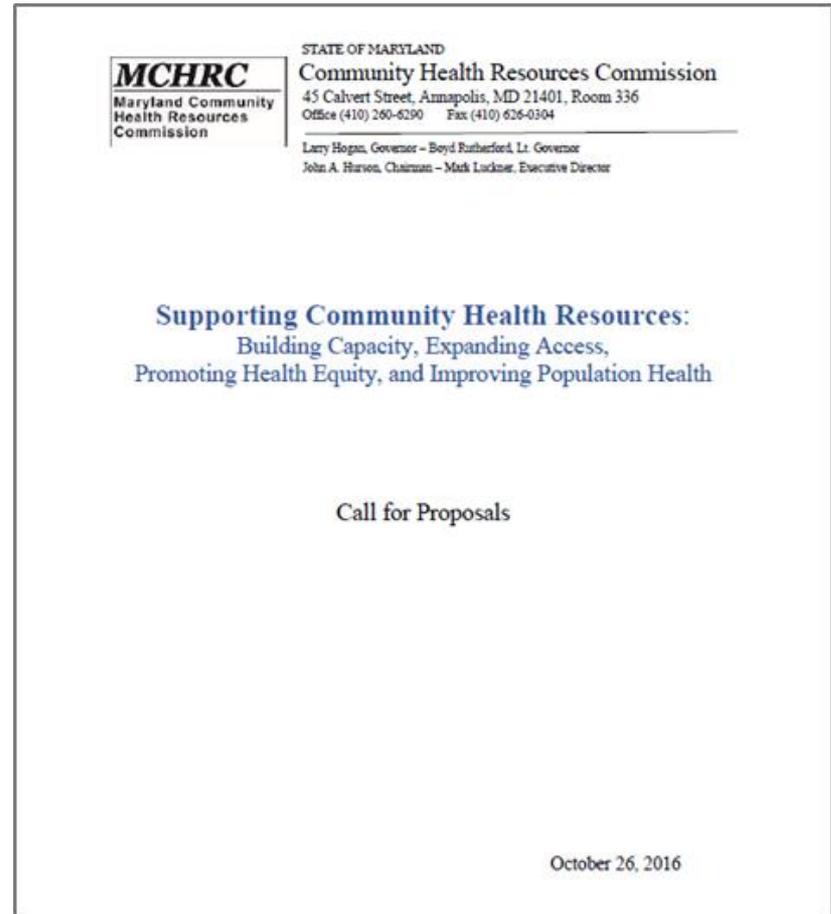


Building safety net capacity

CHRC STRATEGIC PRIORITIES



- (1) Building capacity;
- (2) Addressing health disparities and promoting health equity; and
- (3) Reducing avoidable hospital utilization and promoting innovative community-hospital partnerships.



HOW TO APPLY

Release Call for Proposals

THE CHRC Call for Proposals (RFP) is released once a year, usually in the fall.

Call for Applicants

Call for Applicants is held to answer questions about the application process.

Submit Letter of Intent

Applicants submit a Letter of Intent to determine eligibility to apply for funding.

Submit Full Application

Eligible applicants submit a Full Application, which is reviewed by subject experts.

Presentation to the CHRC

Selected grantees are invited to present their programs to the CHRC.

SELECTION CRITERIA

- 1a. **Building capacity.**
- 1b. **Addressing health disparities and promoting health equity.**
- 1c. **Reducing avoidable hospital utilization and promoting community-hospital partnerships.**
2. **Community need.**
3. **Project impact and prospects for success.**
4. **Program monitoring, evaluation, and capacity to collect/report data.**
5. **Sustainability/matching funds.**
6. **Participation of stakeholders and partners.**
7. **Organizational commitment and financial viability.**

TYPES OF COMMUNITY HEALTH RESOURCES

Designated Community Health Resources

FQHCs and FQHC “look-alikes”; CHCs; migrant health centers; health care programs for the homeless; primary care programs for public housing projects; SBHCs; teaching clinics; wellmobiles; community health center-controlled operating networks; historic MD PCPs; outpatient mental health clinics; local health departments; and substance use treatment providers.

Primary Health Care Services Community Health Resource

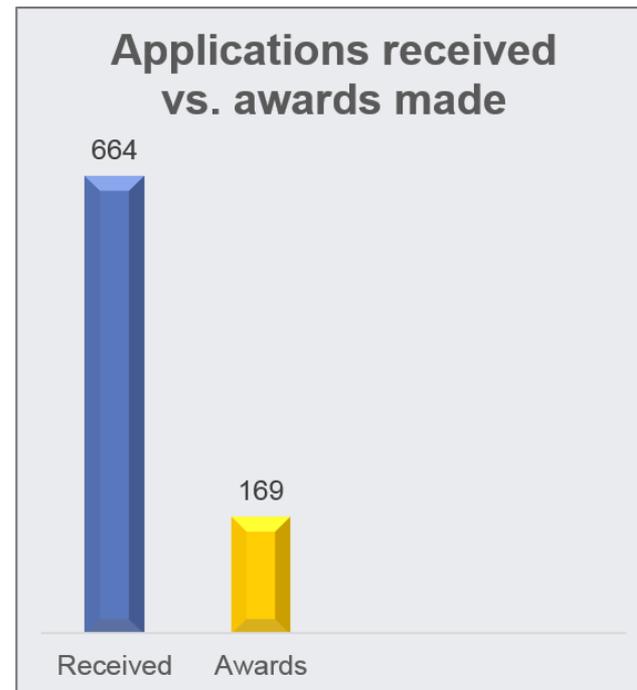
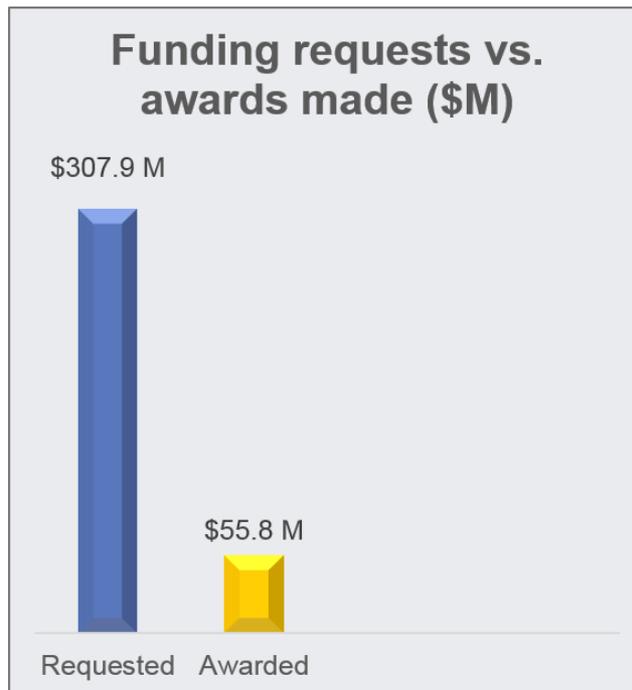
Must demonstrate that they provide primary health care services; offer those services on a sliding scale fee schedule; and serve individuals residing in Maryland.

Access Services Community Health Resource

Must demonstrate that they assist individuals in gaining access to reduced price clinical health care services; offer their services on a sliding scale fee schedule; and serve individuals residing in Maryland.

IMPACT OF CHRC GRANTS

- Demand for grant funding exceeds CHRC's budget.
- The Commission has funded approximately 18% of requests (\$307.9 M requested; \$55.8 M awarded).



Charles County Mobile Integrated Healthcare Project

Purpose of the Program:

- Address the health and social determinants leading to repeated use of emergent care.
- Link high medical service utilizers with care coordination and community health services.
- Assist the target population to better manage their health conditions in an appropriate setting.
- Collaborative, multi-sectoral project:
 - Charles County Department of Health
 - University of Maryland Charles Regional Medical Center
 - Charles County Department of Emergency Services
- Key programmatic performance metrics:
 - Number of unduplicated program participants
 - Number of program participants linked to primary care
 - Number or program participants linked to social services

County receives grant to support public health

Charles County · 07/30/2016 · By Charles County Government



On Wednesday, July 27, the Charles County Department of Health, in partnership with the Charles County Department of Emergency Services, Sen. Thomas "Mac" Middleton, Charles County Commissioners, and the University of Maryland Charles Regional Medical Center announced the launch of the Mobile Integrated Health Care Team. The program is supported by a three-year, \$400,000 grant from the Maryland Community Health Resources Commission, and is expected to serve approximately 80 individuals during the three-year grant.



Pictured (left to right): Dr. Howard Haft, Maryland Department of Health and Mental Hygiene; Amber Starn, Charles County Department of Health; Delegate Elizabeth G. "Susie" Proctor; Sen. Thomas "Mac" Middleton; Joyce Riggs, University of Maryland Charles Regional Medical Center; Mark Luckner, Maryland Community Health Resource Commission; Dr. Dianna E. Abney, M.D., Charles County Department of Health; and John Filer, Department of Emergency Services.

CHRC GRANTS IN LARGER CONTEXT

- **Assist ongoing health care reform efforts**
 - Build capacity of safety net providers to serve newly insured
 - Assist safety net providers in IT, data collection, business planning
 - Promote long-term financial sustainability of providers of last resort
- **Support All-Payer Hospital Model and health system transformation**
 - Provide initial seed funding for community-hospital partnerships
 - Fund community-based intervention strategies that help achieve reductions in avoidable hospital utilization
 - Issued white paper, “Sustaining Community-Hospital Partnerships to Improve Population Health” (authored by Frances B. Phillips)
- **Support population health improvement activities**
 - Align with State Health Improvement Process (SHIP) goals
 - Build infrastructure of Local Health Improvement Coalitions